

P12000015887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

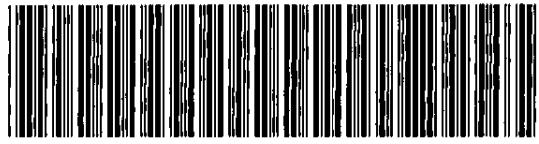
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



800282200468

FILED

16 FEB 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

DEPARTMENT OF STATE

16 FEB 17 PM 4:33

Reinstated

FEB 23 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2016

ATTN: MELISSA ZENDER
CSC
WALK IN
TALLAHASSEE, FL

RESUBMIT
Please give original
submission date as file date.

SUBJECT: SIMPLEX MERCHANT SERVICES, INC.
Ref. Number: P12000015887

We have received your document for SIMPLEX MERCHANT SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can voluntarily dissolve the corporation, but you cannot revoke an administrative dissolution for failure to file the annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 116A00003366

RECEIVED
DEPARTMENT OF STATE
16 FEB 22 AM 10:53

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 020340 7872413

AUTHORIZATION :

COST LIMIT : \$ 1,217.50

ORDER DATE : February 17, 2016

ORDER TIME : 9:25 AM

ORDER NO. : 020340-005

CUSTOMER NO: 7872413

DOMESTIC FILINGS

NAME: SIMPLEX MERCHANT SERVICES, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

 PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 FEB 17 PM 3:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000015887

1. Corporation Name

Simplex Merchant Services, Inc.

2. Principal Office Address - No P.O. Box #

9023 Picot Ct

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip
33472

Country
USA

3. Mailing Office Address

265 S Federal HWY

Suite, Apt. #, etc.

353

City & State

Deerfield Beach, FL

Zip
33441

Country

Please, note corrected address.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/2012

5. FEI Number
45-4560665

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Corporation

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Courtney Williams
Asst. Vice President

Date 02.22.16

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P	Zorrik Voldman	265 S Federal HWY #353	Deerfield Beach, FL 33441
D	Zuojun Min	9023 Picot Ct	Boynton Beach, FL 33472

10. E-mail Address: zorrik@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

2/19/2016

561-703-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #